Attachment I
Regulation 651-1

SCHOOL COUNSELING SERVICES

OPT-OUT FORM

Complete and return this form only if you DO NOT want your child to participate in social-emotional components of the school counseling program.

An opt-out request will become effective from the day it is received by the school and will remain in effect for the duration that your child is enrolled at his/her present school, unless the opt-out request is rescinded in writing by his/her parent or legal guardian. Opt-out requests will not transfer from school to school. A new opt-out form will need to be completed each time your child changes schools.

I am requesting that my child, _____, in _____ grade, not participate in personal/social counseling that is provided by the school counselor.

I understand that parental or legal guardian permission is not required for personal/social counseling and/or crisis intervention that is needed to maintain order, discipline, or a productive learning environment.

_____ _____

Date Signature of Parent or Legal Guardian

Student's Name: _____
Please Print

Student's Grade: _____
Please Print

Student's School: _____
Please Print